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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/755,975			ing Date 05/2001	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY			
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD NO	N/A		N/A	122(4)	i	N/A	1 EE (4)		
	SEARCH FEE		N/A		N/A		N/A		1	N/A			
П	(37 CFR 1.16(k), (i), EXAMINATION FE	E	N/A		N/A		N/A		ł	N/A			
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 =				x s =		OR	x s =			
	CFR 1.16(i)) EPENDENT CLAIM	S					x s =		٠.	x s =	<b>-</b>		
(37	CFR 1.16(h))	If the	minus 3 = *  If the specification and drav		ne ovogod 100	l	X 5 =		l	X 5 =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	n size fee due									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()))						]			ı				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL			
	APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	01/22/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	• 44	Minus	·· 43	= 1	1	X \$25 =	25	OR	x s =			
	Independent (37 CFR 1,16(h))	• 3	Minus	···3	= 0	1	X \$100 =	0	OR	x \$ =			
	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE	25	OR	TOTAL ADD'L FEE			
		(Column 1)		(Column 2)	(Column 3)								
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
Ä	Total (37 CFR 1,16())	*	Minus	**	-	]	x \$ =		OR	x \$ =			
M	Independent (37 CFR 1.16(h))	•	Minus	***	=	]	x \$ =		OR	x \$ =			
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					ı							
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
** If	If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  **If the "Highest Number Previously Paid For 'In THIS SPACE is less than 20, enter '20'.  **If the "Highest Number Previously Paid For 'In THIS SPACE is less than 3, enter '3'.  The "Highest Number Previously Paid For '(Total or Independent) is the highest number found in the appropriate box in column 1.												

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